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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number
10/532,859**APPLICATION AS FILED – PART I**

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A
SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A
TOTAL CLAIMS (37 CFR 1.16(i))	14 minus 20 =	• 0
INDEPENDENT CLAIMS (37 CFR 1.16(h))	2 minus 3 =	• 0
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

RATE (\$)	FEE (\$)
N/A	150
N/A	200
N/A	100
X	=
X	=
N/A	
N/A	
TOTAL	450

RATE (\$)	FEE (\$)
N/A	
N/A	
N/A	
X	=
X	=
N/A	
N/A	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(j))	* 22 Minus	** 30	= (8)
Independent (37 CFR 1.16(h))	* 3 Minus	*** 3	= 0
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

RATE (\$)	ADDITIONAL FEE (\$)
x 25 =	(200)
x 100 =	0
N/A	
TOTAL ADD'L FEE	(200)

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
N/A	
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(j))	* 22 Minus	** 30	= (8)
Independent (37 CFR 1.16(h))	* 4 Minus	*** 3	= 1
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

RATE (\$)	ADDITIONAL FEE (\$)
x 25 =	(200)
x 100 =	100
N/A	
TOTAL ADD'L FEE	100

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
N/A	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 10/532,859		Filing Date April 26, 2005			
							Applicant(s) SPOORS, Simon					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1												
2	✓		A		✓							
3	✓		A		✓							
4		M		A							✓	
5		M		A							✓	
6		M		A							✓	
7		M		C								
8		M		C								
9		M		C								
10		M		C								
11		M		C								
12		M		C								
13		M		C								
14		M		C								
15			✓		A							
16				✓							✓	
17				✓							A	
18				✓							✓	
19				✓							✓	
20				✓							✓	
21				✓							✓	
22				✓							✓	
23				✓							✓	
24				✓							✓	
25				✓							✓	
26				✓							✓	
27				✓							✓	
28			✓		✓						✓	
29				✓							A	
30				✓								
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48												
49												
50												
Total Indep	2		4		4							
Total Depend	12		18		18							
Total Claims	14		22		22							
51												
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Total Indep												
Total Depend												
Total Claims												

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